

**UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**APPLICATION FOR CERTIFICATION AS AN ARBITRATOR  
LOCAL CIVIL RULE 53.2**

1) Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

2) Date admitted to Practice before:  
*Pennsylvania Supreme Court:* \_\_\_\_\_  
*United States District Court  
Eastern District of Pennsylvania:* \_\_\_\_\_

3) Date admitted to practice before the highest Court of a State (other than Pennsylvania) or the District of Columbia.  
Court: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

4) Set forth briefly, in chronological order with dates, the nature of your practice of law since admission to the bar.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Are you presently engaged in the active practice of law in the Eastern District of Pennsylvania?  Yes  No

6) State briefly the nature of your present practice.  
\_\_\_\_\_

7) Which of the following best describes your present practice of law? **Check One**

a) My practice primarily consists of representing defendants.

b) My practice primarily consists of representing plaintiffs.

c) My practice cannot be designated as either (a) or (b).

8) Please list the name(s) of a judge or judges of this Court before whom you have appeared or who otherwise may have knowledge of your qualifications.

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9) If you have not named any judge of this Court in answer to question No. 8, please list any other federal judges or state judges before whom you have appeared or who otherwise may have knowledge of your qualifications.

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10) Have you ever been publicly disciplined by any Court or Administrative Office of a Court. If yes, give details.

Yes  No

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11) Have you ever been convicted of a felony? If yes, give details.

Yes  No

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12) Please set forth any additional information you believe would bear upon your qualifications to serve as an arbitrator.

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13) Do you understand the compensation limitations for arbitrators appointed under Local Civil Rule 53.2 and do you agree to accept as full compensation payments within those limits?

Yes       No

14) In the event you are certified as an arbitrator, would you be willing on occasion to serve on "short notice" in situations where, for some reason, the arbitrator originally appointed is not available?

Yes       No

**I HEREBY CERTIFY THAT THE ABOVE  
INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature)*

Please type your information on the form and email the completed form to [paed\\_arbitration@paed.uscourts.gov](mailto:paed_arbitration@paed.uscourts.gov). E-signatures are acceptable.